

# HOW TO CREATE & SUBMIT FORM ETA-9141 IN FLAG.DOL.GOV

June 4, 2019



New Application



My Cases



Profiles



My Network



# Choose Application Type

Form ETA-9141C

## CW-1 Prevailing Wage

File an application for a Prevailing Wage Determination to be used for a CW-1 Temporary Labor Certification.

Create New

Form ETA-9142C

## CW-1 Labor Certification

File a CW-1 application for Temporary Labor Certification with the Chicago National Processing Center.

Create New

Form ETA-9141

## H-2B | H-1B | PERM Prevailing Wage

File an application for a Prevailing Wage Determination.

Create New

Form ETA-9142B

## H-2B Labor Certification

File an application for a H-2B Temporary Labor Certification.

More forms will be available to file through FLAG soon.

Form ETA-9141  
Application for Prevailing Wage Determination

**A Employment-Based Visa Information**

B Requestor Point-of-Contact Information

C Employer Information

D Wage Processing Information

E.a Job Description

E.b Minimum Job Requirements

E.c Place of Employment Information

Additional Modules

## Employment-Based Visa Information

**IMPORTANT:** Please read these instructions carefully before completing the Form ETA-9141, *Application for Prevailing Wage Determination*. These instructions contain full explanations of the questions that make up the Form ETA-9141. Anyone, who knowingly and willingly furnishes any false information in the preparation of Form ETA-9141 and any supporting documentation, or aids, abets, or counsels another to do so is committing a federal offense, punishable by fine or imprisonment up to five years or both (18 U.S.C. §§ 2, 1001). Other penalties apply as well to fraud or misuse of this immigration document and to perjury with respect to this form (18 U.S.C. §§ 1546, 1621). **An asterisk (\*) means that the information requested is mandatory. A section (§) symbol means the information requested is mandatory if the previous question was answered in the affirmative or in the manner specified in the marked question. ANY MANDATORY FIELD LEFT BLANK OR INCOMPLETE WILL RESULT IN THE APPLICATION NOT ABLE TO BE SUBMITTED IN FLAG.**

A.1: Indicate the type of visa classification supported by this application \* ?

- Select -
- Select -
- H-2B
- H-1B
- H-1B1 Chile
- H-1B1 Singapore
- E-3 Australian
- PERM

Save & Quit Continue

## Section A: Employment-Based Visa Information

1. Select desired type of Visa
2. Click “Continue”



Form ETA-9141  
Application for Prevailing Wage Determination

- Employment-Based Visa Information
- B Requestor Point-of-Contact Information**
- C Employer Information
- D Wage Processing Information
- E.a Job Description
- E.b Minimum Job Requirements
- E.c Place of Employment Information
- Additional Worksites

# Requestor Point-of-Contact Information

## Name & Title

B.1: Contact's Last (family) Name \* [?](#)

B.2: First (given) Name \* [?](#)

B.3: Middle Name(s) [?](#)

B.4: Contact's Job Title \* [?](#)

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## Address

B.5: Address 1 \* [?](#)

B.6: Address 2 (*apartment/suite/floor and number*) [?](#)



Form ETA-9141

## Application for Prevailing Wage Determination



Employment-Based Visa Information



Requestor Point-of-Contact Information



**Employer Information**



Wage Processing Information



Job Description



Minimum Job Requirements



Place of Employment Information



Additional Worksites

# Employer Information



## Employer Name(s)

C.1: Legal Business Name \* 

C.2: Trade name/Doing Business As (DBA), if applicable 

## Address

C.3: Address 1 \* 

C.4: Address 2 (*apartment/suite/floor and number*) 

C.5: City \* 

C.7: Postal code \* 

Form ETA-9141  
Application for Prevailing Wage Determination

Employment-Based Visa Information ✓

Requestor Point-of-Contact Information ✓

Employer Information ✓

**D Wage Processing Information**

E.a Job Description

E.b Minimum Job Requirements

E.c Place of Employment Information

Additional Worksites ✓

### Wage Processing Information

D.1: Is the employer covered by the American Competitiveness and Workforce Improvement Act (ACWIA)? \* ?

Yes  
 No

D.2: Is the position covered by a Collective Bargaining Agreement (CBA)? \* ?

Yes  
 No

D.3: Is the employer requesting consideration of Davis-Bacon (DBA) or McNamara Service Contract (SCA) Acts? \* ?

Yes  
 No

D.4: Is the employer requesting consideration of a survey in determining the prevailing wage? \* ?

Yes  
 No

## Section D: Wage Processing Information

1. D.1 and D.3 are not needed due to selecting H-2B
2. D.2 and D.4 have conditional fields if “Yes” is selected

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**D Wage Processing Information**  
E.a Job Description  
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E.c Place of Employment Information

D.1: Is the employer covered by the American Competitiveness and Workforce Improvement Act (ACWIA)? \* ?  
 Yes  
 No

D.2: Is the position covered by a Collective Bargaining Agreement (CBA)? \* ?  
 Yes  
 No

**Document Upload - Collective Bargaining Agreement**  
 You must upload Collective Bargaining Agreement documentation.  
 Only .pdf, .doc, .docx, .txt, .xls, .xlsx files under 30 MB can be uploaded. \*

Drop files here or [Browse](#)

You must link a Collective Bargaining Agreement

D.3: Is the employer requesting consideration of Davis-Bacon (DBA) or McNamara Service Contract (SCA) Act(s)? \* ?

## Section D: Wage Processing Information

1. If “Yes” is selected for D.2, a document upload will be required to move forward with the application
2. If “Yes” is selected for D.4, a Survey Name, Date, and Survey upload will be required to move forward with the application

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Employer Information  
**D Wage Processing Information**  
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E.b Minimum Job Requirements  
E.c Place of Employment Information

D.4: Is the employer requesting consideration of a survey in determining the prevailing wage? \* ?  
 Yes  
 No

**Survey Information**

D.4.a: Survey Name § ?  
  
 This field is required

D.4.b: Survey date of publication § ?  
  
 This field is required

You must upload the survey.  
 Only .pdf, .doc, .docx, .txt, .xls, .xlsx files under 30 MB can be uploaded. \*

Drop files here or [Browse](#)

Form ETA-9141  
Application for Prevailing Wage Determination

Employment-Based Visa Information  
Requestor Point-of-Contact Information  
Employer Information  
Wage Processing Information  
**E.a Job Description**  
E.b Minimum Job Requirements  
E.c Place of Employment Information

### Job Description

E.a.1: Job Title \* ?

E.a.2/E.a.2a: SOC Occupational Code and Title ?

E.a.3: Job Title of Supervisor for this Position (if applicable) \* ?

E.a.4: Does this position supervise the work of other employees? \* ?  
 Yes  
 No

E.a.5: Job duties - Please provide a description of the duties to be performed with as much specificity as possible, including details regarding the areas/fields and/or products/industries involved. A description of the job duties to be performed MUST begin in this space \* ?

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**E.a Job Description**  
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E.c Place of Employment Information

E.a.4: Does this position supervise the work of other employees? \* ?  
 Yes  
 No

E.a.4a: If 'Yes' to question 4, enter the number of employees worker will supervise. ?

E.a.4b: If 'Yes' to question 4, indicate the level of the employees to be supervised. ?  
 SUBORDINATE  
 PEER

E.a.5: Job duties - Please provide a description of the duties to be performed with as much specificity as possible, including details regarding the areas/fields and/or products/industries involved. A description of the job duties to be performed MUST begin in this space \* ?

## Section E.a: Job Description

1. If "Yes" is selected for E.a.4, conditional fields are required

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**E.a Job Description**

E.b Minimum Job Requirements

E.c Place of Employment Information

0 / 4000 character limit

E.a.6: Will travel be required in order to perform the job duties? ?

Yes

No

E.a.6a: If 'Yes' to question 6, please provide details of the travel required, such as area(s), frequency and nature of the travel. ?

0 / 2000 character limit

Save & Quit

Back

Continue

## Section E.a: Job Description

1. If “Yes” is selected for E.a.6, provide details of the travel required in E.a.6a
2. Click “Continue” to move forward with the application

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Job Description  
**E.b. Minimum Job Requirements**  
E.c. Place of Employment Information

### Minimum Job Requirements

E.b.1: Education: minimum U.S. diploma/degree required \* ?

ASSOCIATE'S

E.b.1b: Indicate the major(s) and/or field(s) of study required  
(May list more than one related major and more than one field) ?

E.b.2: Does the employer require a second U.S. diploma/degree? \* ?

Yes  
 No

E.b.2a: Indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required. ?

E.b.3: Is training for the job opportunity required? \* ?

Yes  
 No

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**E.b. Minimum Job Requirements**  
E.c. Place of Employment Information

E.b.3: Is training for the job opportunity required? \* ?

Yes  
 No

E.b.3a: Specify the number of months of training required. ?

E.b.3b: Indicate the field(s)/name(s) of training required  
(May list more than one related field and more than one type) ?

E.b.4: Is employment experience required? \* ?

Yes  
 No

E.b.5: Special Requirements - List specific skills, licenses/certificates/certifications and requirements of the job opportunity. \* ?

## Section E.b: Minimum Job Requirements

1. Once a degree is selected, the user indicates the major or field of study
2. If "Yes" is selected for E.b.2, the user will indicate the second degree or major needed
3. If "Yes" is selected for E.b.3, number of months and field names are required

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Job Description  
**E.b Minimum Job Requirements**  
E.c Place of Employment Information

E.b.4: Is employment experience required? \* ?

Yes  
 No

E.b.4a: Specify the number of months of experience required. ?

E.b.4b: Indicate the occupation required. ?

E.b.5: Special Requirements - List specific skills, licenses/certificates/certifications and requirements of the job opportunity. \* ?

0 / 4000 character limit

## Section E.b: Minimum Job Requirements

1. If “Yes” is selected for E.b.4, number of months and occupation is required



Form ETA-9141

## Application for Prevailing Wage Determination

- ✓ Employment-Based Visa Information
- ✓ Requestor Point-of-Contact Information
- ✓ Employer Information
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- ✓ Job Description
- ✓ Minimum Job Requirements
- E.c Place of Employment Information**
- ✓ Additional Worksites

# Place of Employment Information



E.c.1: Worksite Address \*

E.c.2: Worksite Address (apartment/suite/floor and number)

E.c.3: City \*

E.c.4: State/District/Territory \*

E.c.5: County \*

E.c.6: Postal code \*

E.c.7: Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? \*

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Place of Employment Information

### Additional Worksites

#### Additional Worksite

1: City \* ⓘ

2: State \* ⓘ

County \* ⓘ

Metropolitan Statistical Area (MSA) Name / OES Area Title \* ⓘ  
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## Additional Worksites

1. If Additional Worksites are needed, enter City, State and County
2. Click Save



Form ETA-9141

Application for Prevailing Wage Determination

- ✓ Employment-Based Visa Information
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- ✓ Job Description
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- ✓ Place of Employment Information
- ✓ Additional Workers

# Application Documents



Below, you will find a summary of documents that you have uploaded to this application throughout the form. You may also add and categorize additional supplemental documents below.

**Add Document**

0 Additional Documents

**i** You can modify documents which were added in previous application sections by returning to those sections.

Document Name	Category	Actions
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# Review & Submit

- Requestor Point-of-Contact Information
- Employer Information
- Wage Processing Information
- Job Description
- Minimum Job Requirements
- Place of Employment Information
- Additional Worksites
- Application Documents
- Review & Submit**

OMB Approval: 1205-0508  
Expiration Date: 05/31/2019

**Application for Prevailing Wage Determination  
Form ETA-9141  
U.S. Department of Labor**

Please read and review the instructions carefully before completing this form and print legibly. A copy of the instructions can be found at <http://www.foreignlaborcert.dol.gov/>.

**A. Employment-Based Visa Information**

1. Indicate the type of visa classification supported by this application (Write classification symbol): *	H-2B
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**B. Requestor Point-of-Contact Information**

1. Contact's last (family) name * TEST	2. First (given) name * TEST	3. Middle name(s) *
4. Contact's job title * TEST TITLE		
5. Address 1 * 123 PORTALS		
6. Address 2		
7. City * ARLINGTON	8. State * DC	9. Postal code * 22960
10. Country * UNITED STATES OF AMERICA		11. Province (if applicable)
12. Telephone number * 15402298583	13. Extension	14. Fax Number
15. E-Mail Address CROWDER_RACHEL@BAH.COM		

**C. Employer Information**

1. Legal business name * BUSINESS TEST		
2. Trade name/Doing Business As (DBA), if applicable §		
3. Address 1 * TEST		
4. Address 2		
5. City * ARLINGTON	6. State * CA	7. Postal code * 20203
8. Country * UNITED STATES OF AMERICA		9. Province (if applicable)
10. Telephone number * 15402020300	11. Extension	
12. Federal Employer Identification Number (FEIN from IRS) * 123456789	13. NAICS code (must be at least 4-digits) * 11132	

- ✓ Requestor Point-of-Contact Information
- ✓ Employer Information
- ✓ Wage Processing Information
- ✓ Job Description
- ✓ Minimum Job Requirements
- ✓ Place of Employment Information
- ✓ Additional Worksites
- ✓ Application Documents
- Review & Submit**

## Review & Submit

OMB Approval: 1205-008  
Expiration Date: 05/31/2019

Application for Prevailing Wage Determination  
Form ETA-9141  
U.S. Department of Labor

Please read and review the instructions carefully before completing this form and print legibly. A copy of the instructions can be found at <http://www.foreignlaborcert.dhs.gov>.

**A. Employment-Based Visa Information**

1. Indicate the type of visa classification supported by this application (Write classification symbol): \*

**B. Requestor Point-of-Contact Information**

1. Contact's last (family) name * TEST	2. First (given) name * TEST	3. Middle name(s) * TEST
13. Contact's job title * TEST TITLE		
5. Address 1 * 123 FORTALS		
6. Address 2		
7. City * ARLINGTON	8. State * CA	9. Postal code * 12060
10. Country * UNITED STATES OF AMERICA		
11. Province (if applicable)		
12. Telephone number * 1540229583	13. Extension	14. Fax Number
15. E-Mail Address		

**C. Employer Information**

1. Legal business name * BUSINESS TEST		
2. Trade name/Doing Business As (DBA), if applicable §		
3. Address 1 * TEST		
4. Address 2		
5. City * ARLINGTON	6. State * CA	7. Postal code * 12020
8. Country * UNITED STATES OF AMERICA		
9. Province (if applicable)		
10. Telephone number * 1540202000		
11. Extension		
12. Federal Employer Identification Number (FEIN from IRS) * 123456789		
13. NAICS code (must be at least 4-digits) * 11132		

x

## Review & Submit

1. Review PDF preview
2. Click Submit